BEST AVAILABLE COPY

								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECOR									09767606					
		CLAIMS A	(Column 1) (C			ımn 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY			
TOTAL CLAIMS			20					RAT	E	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00		OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			20 minus 20=		. &			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		8			X40=			OR	X80=		
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=		OR	+270=	·		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTA	٩L	<u>. </u>	OR	TOTAL	7/0	
CLAIMS AS AMENDED - PART II										L	, - · ·	OTHER	THAN	
		(Column 1)		(Colur		n 2) (Column 3)			SMALL ENTITY			SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=	* • •	
	Independent	* NTATION OF MI	Minus	***	CL AIM	=	Ì	X40=	=		OR	X80=		
	FIRST PRESE	NIATION OF MI	JUITPLE DEF	PENDENT	CLAIM			+135	=		OR	+270=		
							L	TO			1	TOTAL		
(Column 1) (Column 2) (Column 3)									EE		OR ,	ADDIT. FEE		
	F-868-788.788	(Column 1) CLAIMS		HIGH	EST	(Column 3)	Г		_	ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	DUSLY	PRESENT EXTRA		RAT	Ξ	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	Ī	X40=	=		OR	X80=	, -	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	_		OR	+270=		
AD (Column 1) (Column 2) (Column 3)									ΓAL		OR	TOTAL		
									EE			ADDIT. FEE		
AMENDMENT C	en e	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	Ī	X\$ 9:	_		OR	X\$18=		
	Independent	*	Minus	***		=	ŀ	X40=				X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							740=			OR			
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT. FEE		
		her Previously Pa					r fou	ind in the	anr	ronriato ho	v in col	lumn 1		